

CRITERIA FOR PRIOR AUTHORIZATION

Alpha Interferon

PROVIDER GROUP Pharmacy
Professional

MANUAL GUIDELINES The following drug requires prior authorization:
Interferon alfacon-1 (Infergen®)

CRITERIA FOR INITIAL APPROVAL FOR CHRONIC HEPATITIS C Must meet all of the following:

- Patient must have a diagnosis of chronic hepatitis C
- Must be prescribed by or in consultation with a gastroenterologist, hepatologist, or infectious disease specialist
- Patient must be 18 years of age or older
- Patient has a detectable hepatitis C viral level (HCV RNA) in the serum
- Patient is positive for HCV antibodies
- Patient must not have decompensated liver disease

RENEWAL CRITERIA FOR CHRONIC HEPATITIS C Must meet all of the following:

- Patient must have an undetectable HCV-RNA at week 24 and one of the following
 - Patient is on monotherapy with Infergen and tolerated previous interferon therapy and did not respond or relapsed following its discontinuation
 - May be approved for up to 48 weeks of total therapy
 - Patient is on combination treatment with Infergen and ribavirin
 - May be approved for up to 48 weeks of total therapy

LENGTH OF APPROVAL FOR CHRONIC HEPATITIS C 24 weeks (up to 48 weeks of total therapy)